



EMS Newsletter

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Helena, Montana 59601

September, 1974

State to Apply for EMS Grant

The Emergency Medical Services Bureau, after consultation with regional administrators of the EMS Act and with state officials, has decided to submit a statewide application for funds from the EMS Act.

Robert Quam, EMS Bureau chief, said one reason the Bureau decided to try for a statewide grant is that "a statewide application will provide the greatest opportunity for local areas to receive funds under this Act."

Funding under the EMS Act gives priorities to government entities over non-profit, private organizations. Government bodies themselves are competing for the funds and according to Robert Heggie, regional administrator of the EMS Act, state applications might have a better chance of being accepted than would a county or city application.

One reason the EMS Bureau held back in deciding to submit a statewide application was because the Bureau stresses local participation more than state participation in organizing an EMS system. However, to have an integrated Emergency Medical Services system in the state the Bureau decided it would be better to apply for the money to be used in methods determined by the local areas.

Local involvement is important in drawing up a statewide application, Quam said. In letters addressed to persons who had sought

grant application kits on behalf of their local communities, Quam asked that studies now in process be continued in order to identify local needs and components of the local EMS system and add these to the state application.

The deadline for this information is Jan. 15, 1975 because the grant application is tentatively due by Feb. 28, 1975.

When a locality is gathering background material to help determine needs of a complete EMS system, 15 components should be considered. These 15 points are: manpower (the types and availability), training programs and resources, communications, transportation, facilities, access to critical care units, utilization of

public safety agencies, consumer participation, accessibility to care without ability to pay, provision for transfer of patients or continuum of care, standardized medical record keeping, consumer information and education, independent evaluation, disaster planning and mutual aid agreements.

Any community that wants to participate in the statewide grant application should submit a narrative to the EMS Bureau explaining the community's needs in relation to these points. The EMS Bureau in turn will then compile these needs into the statewide application.

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Judge Approves Appointment Of New EMS Advisory Council

Fourteen persons involved with emergency medical services on a day-to-day basis are serving on the Governor's newly-appointed Emergency Medical Services Advisory Council.

On August 21 Governor Thomas Judge approved creation of the second Emergency Medical Services Advisory Council, which was created by Dr. John S. Anderson, head of the Department of Health and Environmental Sciences.

The first council, consisting of

13 persons, assisted the EMS Bureau in drawing up a statewide plan for Emergency Medical Services. It dissolved after the statewide plan was completed and the statutory requirements for its existence ceased to exist.

Dr. Anderson said the council's purpose is to advise the Department of Health and Environmental Sciences on training requirements for ambulance attendants, proposed legislation dealing with emergency medical services,

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EMT Specifications Change

The Emergency Medical Services Bureau has revised the certification and recertification requirements for Emergency Medical Technicians. New provisions are effective this month.

A number of sections have been added or changed in order to assure a quality program and to standardize the EMT courses throughout the state, Gerald T. Luchau, EMT coordinator for the Bureau, said.

Included in the new criteria, drawn up by Luchau and Drew Dawson, also an EMT coordinator for the Bureau, are the re-

quirements that a local course coordinator be assigned prior to the start of an EMT course and that the state final written and practical exam be administered by personnel who have not participated in any way with the course and who have been approved by the EMS Bureau.

New sections include recertification for EMTs attending the basic EMT course, reciprocity for EMT certification and provision for certificates and insignia to be given an EMT.

EMTs attending basic courses can receive recertification if there are fewer than five EMTs seeking recertification and if they attend all the lectures of a basic course plus the practice sessions on cardiopulmonary resuscitation, fractures of the upper and the lower extremities, injuries to the spine and extrication from an automobile. The EMT seeking recertification in this way must also pass the final practical exam.

Other stipulations for recertification through the basic course are notification of the EMS Bureau, approval from the local course coordinator and authorization from the EMS Bureau.

The EMS Bureau will provide certificates, wallet cards and shoulder patches to all EMTs.

An EMT certified in another state and wanting to be certified in Montana must submit a written application to the EMS Bureau with an attached copy of the certification from the other state, be available—if requested—for an oral interview with staff of the EMS Bureau and include two character references with the written application. Only EMTs completing courses equivalent to the Montana requirements will be recognized.

New EMT certification requirements went to all EMT course coordinators and EMS councils. Anyone who did not receive the new requirements but would like to, or anyone with questions regarding the changes, contact: Gerald T. Luchau, EMT Coordinator, Emergency Medical Services Bureau, Department of Health and Environmental Sciences, 1424 9th Ave., Helena, Montana 59601.

EMT Session Planned At Spokane Convention

Emergency Medical Technicians (EMTs) and those interested in EMT training are invited to attend the Emergency Department Nurses Association (EDNA) Inland Empire convention, October 20-23 in Spokane.

Of special interest is a daylong EMT refresher training session on Wednesday, October 23. One-day registration is \$15 and registration for all sessions is \$45 for E.D.N.A. members, \$55 for non-members.

For more information or to register contact: Inland Chapter of E.D.N.A., Box 242, Spokane, Washington 99210.

State to Try for Grant

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If the state is successful in obtaining funding then according to the EMS Act no other area covered by the application is eligible to receive a grant.

For this reason, also, the state wants local cooperation so that the grant can cover as many areas as possible. In addition, if successful in obtaining a grant the Bureau would need to rely on the local communities to administer most of the funds since each community knows its needs best.

Areas that have received grants for implementation will be bypassed in the statewide grant application since the areas' programs are set up already. The EMS Bureau will offer assistance to assure that the separate areas will fit into the statewide system.

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Pat Murdo, editor.

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Medical Self-Help Pulled from Scene

The Medical Self-Help Program has passed away nationwide and consequently in Montana.

Funding was not continued for the program which in its approximately 12-year history in Montana trained 165,955 persons in medical self-help.

In a memo to users of the Medical Self-Help Program, Bob Quam, Emergency Medical Services Bureau chief, recommended that users adopt one of the American Red Cross first aid classes as a replacement to the self-help program.

Medical self-help films stationed at high schools, universities and civil defense offices and on loan from the EMS Bureau have also been recalled.

The program was developed by the Public Health Service of the Department of Health, Education and Welfare and the Civil Defense Office of the Department of Defense in cooperation with the American Medical Association, Council on National Security and Committee on Disaster Medical Care.

EMS Council Named

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classification of hospital emergency departments and educational programs for emergency medical services.

Eight members of the new council served as past EMS Council advisors. They are: Patrick Wyse, operator of the Conrad Ambulance Service; Dr. Harold Habein Jr., Billings, Montana chapter of the American College of Surgeons Trauma Committee and EMS Committee of the Montana Medical Association; William E. Leary, Helena, director of the Montana Hospital Association; Nils "Swede" Troedsson, Dillon, with the Beaverhead Ambulance Co.; Kenneth Jesse, Broadus, operator of Jesse Ambulance; Dr. Sidney Pratt, Great Falls, director of the Montana office of the Mountain States Regional Medical Program; Irene Hegg, Billings, Emergency Department Nurses Association, and Al Goke, Helena, administrator of Highway Traffic Safety.

New members of the council are: Beryl M. McLean, Plentywood, administrator of Sheridan Memorial Hospital; Robert LaFromboise, Poplar, service unit director of the Indian Public Health Service; Lee Michael McGowan, Great Falls, office of the Montana chapter of the American National Red Cross; Alvin Windy Boy, Box Elder, community health representative supervisor at the Rocky Boy's Agency; Dr. Kit Johnson, Missoula, city/county health officer, and Curt Wheeling, Helena, director, Communications Division of the Department of Administration.

Feedback Encouraged

Anyone wishing to contribute articles for the newsletter or anyone having some information they would like to see in the newsletter relating to Emergency Medical Services please send article or request to the editor. If the item is of general interest and if space permits the article will run.

According to Bob Quam, Emergency Medical Services Bureau chief, the newsletter should act as a two-way communication line for those involved with Emergency Medical Services.



Mike Davis, a lieutenant in the Montana Highway Patrol, became the first chairman of the Glendive Emergency Medical Services Council at an organizational meeting on August 8.

Frequency Coordinator Named

George Marshall, communications manager for the Emergency Medical Services Bureau, was appointed last month as frequency coordinator for the Special Emergency Radio Service frequencies used within Montana.

Curt Wheeling, president of the Montana chapter of the Associated Public-Safety Communications Officers (APCO) and director of the Communications Division in the Department of Administration, announced the appointment which was made by the Montana chapter of APCO.

The need for a position of frequency coordinator became apparent when the Federal Communications Commission broadened the Emergency Medical Services frequency spectrum into a Medical Services category. This allowed institutions, rescue organizations, physicians, medical schools and government entities which provide or coordinate medical services communication activities to use the frequencies that formerly had been reserved solely for hospitals and ambulances.

"The ultimate goal (of the frequency coordination) is to deter-

mine the needs of Emergency Medical Services communication service for the next few years," Marshall said. This includes attempting to identify enough frequencies in the Special Emergency Radio Spectrum to meet those needs.

Marshall added, "Operation of the EMS communications system for the past few years has shown that in areas with two or more hospitals numerous instances of congestion or circuit overloading have occurred. In order to alleviate this situation it is necessary that at least one more frequency be available for use in these areas."

APCO members assisting Marshall on the ad hoc committee are Wheeling, Gene Pfeiffer of the state Highway Department, Dick Isaacs of the Department of Natural Resources, Bill Murray, Great Falls Civil Defense, Vern Phillips from the Electronic Research Lab at Montana State University in Bozeman, Mike Servos, Great Falls Fire Department dispatch center, and Dave Hunt, project director of the Robert Wood Johnson Grant Policy Board in Missoula.

FCC Adds to Medical Channels

The Federal Communications Commission, which controls all forms of communications in the United States, has reserved five frequencies in the Special Emergency Radio Service spectrum of the Very High Frequency (VHF) band for the exclusive use of the medical services.

Prior to the rule change two frequencies, 155.280 MHz and 155.340 MHz, were reserved exclusively for emergency medical services use by hospitals and ambulances.

A new medical services category has replaced the emergency medical services category. The FCC added three frequencies to be used by : hospitals, institutions providing medical services, ambulances, rescue organizations providing medical services, physicians, governmental agencies providing or coordinating medical services communications activities.

The frequencies and their uses in Montana are:

- 155.280 MHz—ambulance to hospital communications,
- 155.340 MHz—hospital to hospital communications and secondary use as ambulance to hospital and hospital to ambulance communication,
- 157.450 MHz—low power (30 watts) local paging by hospitals,
- 152.0075 MHz—wide area paging by hospitals,
- 162.6625 MHz—wide area paging by hospitals.

Other frequencies are available in the Ultra High Frequencies (UHF) spectrum for medical services use. Two pairs of frequencies

between 460/465 MHz for dispatch, common calling or mutual aid communications use are available in the UHF band, as well as three pairs of frequencies between 463/468 MHz for Bio Medical telemetry and secondarily for other medical communications.

Five pairs of frequencies between 463/468 MHz are reserved primarily for general medical requirements and secondarily for telemetry and other medical communications.

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The trip report forms were shipped by truck from New York on September 11.

New EMS Councils started organizing this August and September in Kalispell, Glendive, Hamilton and Superior. Miles City's council is steadily strengthening.

Prediction: The communications manual will be out before the next newsletter is.

Emergency Medical Services grant recipients and potential applicants met with regional administrators of the grants on August 6 and 7 to discuss problems with the grants and the grant applications.

The Montana Heart Association is conducting a cardiopulmonary resuscitation instructor/trainer workshop in Great Falls on October 5 and 6. By invitation only.

Four frequencies in the 458 MHz area can be used for extended telemetry systems but must be shared with the Highway Call Box radio service.

One-way medical paging may also be accomplished on 35.640, 35.680, 43.640 and 43.680 MHz. The 150.7 MHz frequency can be used by low power (five watts) portable radios to communicate with mobile radios.

Additional Funding For EMS Systems

The last issue of the newsletter dealt with sources a community might apply to for funding a local Emergency Medical Services system. Inadvertently one funding source was overlooked—the Mountain States Regional Medical Program (MSRMP).

In addition to funding many of the projects carried out by the Montana Emergency Medical Services Bureau, the Mountain States Regional Medical Program has funded training seminars for physicians and nurses in conjunction with hypertension clinics in Montana, a treatment and transportation program for critically ill newborns and various projects on Montana Indian reservations.

Dr. Sidney Pratt, Great Falls, is director of the Montana office of the MSRMP. For information regarding funding through this organization contact Dr. Pratt at P. O. Box 2829, Great Falls, Montana 59401.

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